# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-025626
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

Registration District No. 317 — Primary Registration District No. 541 — Registrar's No. 1713

FILED JUN 20 1962

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Clayton, Mo.
Length of stay in 1b: YEARS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 738 DeMun Ave. Clayton
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: St. Louis
c. CITY OR TOWN: Clayton, Mo. Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 738 DeMun Ave. Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Lyman — Middle Gage — Last Tracy

4. DATE OF DEATH: Month June — Day 7 — Year 1962

5. SEX: M.

6. COLOR OR RACE: W.

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 11/4/02

9. AGE (last birthday): 59
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sales

10b. KIND OF BUSINESS OR INDUSTRY: Langenberd Hat Co.

11. BIRTHPLACE (City and state or country): Buffalo, Mo.

12. CITIZEN OF WHAT COUNTRY: USA.

13a. FATHER'S NAME: Wm. R. Tracy

13b. MOTHER'S MAIDEN NAME: Josephine Goss

14. NAME OF HUSBAND OR WIFE: Dorothy H. Tracy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT Address: Mrs. Dorothy Tracy, 738 Demun Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:)

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| IMMEDIATE CAUSE (a) | Coronary Thrombosis Acute | ½ hr |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) | Arteriosclerotic Heart Disease | 8 yrs |
| DUE TO (c) | Arteriosclerosis General | 10 yrs |

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. — Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from Oct 1954 to June 7-1962 and last saw him alive on June 7-1962
Death occurred at 1:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Odra H. Henderson M D

22b. ADDRESS: 5081 Grand

22c. DATE SIGNED: 6-8-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 6/11/62

23c. NAME OF CEMETERY OR CREMATORY: Oak Hill Cemetery

23d. LOCATION (City, town, or county) (State): St. Louis County, Mo.

24. FUNERAL DIRECTOR ADDRESS: Parker-Aldrich, Webster Groves, Mo.

25. DATE RECD. BY LOCAL REG.: 6-8-62

26. REGISTRAR'S SIGNATURE: John G. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

| ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED |
|---|---|---|---|
| 1 | 14002 | | 2 |
| 2 | 24102 | | |
| 3 | | | |
| 4 | 0 | | |
| 5 | 1 | | |
| 6 | | | |
| 7 | 0 | | |
| 8 | 2 | | |
| 9 | 4200 | | |
| 10 | | | |
| 11 | | | |
| 12 | 90-0 | | |
| 13 | | | |

BY AFFIDAVIT OF — DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Leslie Walch

Licensed Embalmer No. 4395

P. O. Address Webster Groves Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.